CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Republican Party for the <i>[check <u>ONE</u> only; i</i> Congressional, Senatorial, or Assembly District Number]	nsert appropriate
Congressional District (District number)	206
Senatorial District (District number)	T XM
Assembly District, (District number) Assembly District, 50050 (W3/ND50Q, C7	7 7
Assembly District, (District number) SIVIN (W3/NDSOR) (Included at SOUTH WS/NDSOR) (Included at South Convention) (Included at South Convention) (Included at South Convention) (Included at South Convention as candidate for nomination to the office of Icheck	day of May 016,
I was endorsed by such convention as candidate for nomination to the office of [check	<u>c ONE</u> J
☐ Representative in Congress ☐ State Senator ☐ State Representative	
for said district, for the State Election to be held on November 8, 2016; and I authorize my name to appear on the ballot as printed or typed below	<u>v</u> :
rolyn Streeter Mirck 48 Sele Drive South Will Residence Address-Street) (Town)	
(Print or type name in (Full Residence AddressStreet) (10wn) exactly the form in which you	(Zīp)
authorize it to appear on ballot)	
Dated at 5/11/16 Unds or Connecticut, this 1th day of May	, 2016.
Signature of Candidat	Wirel
Signature of Chairman or Presiding Officer of Convention OR Signature of Secretary of Co	1 AUY Invention
	و المراجع

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-388) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates Congressional, Senatorial, or As	of the Democratic Party for the <i>[chasembly District Number]</i>	neck <u>ONE</u> only; insert a	ppropriate
Congressional Di	strict		
(District number) Senatorial Distr	ict	•	
Assembly District (District number)	et,		MAY 24 P
(locati	S Main St, East Windsor, CT 06088 or ion of convention) ion as candidate for nomination to the	n the 23rd day of May, 2 (date)	θ + 6,
☐ Representative in Congress	☑ State Senator ☐ State Repr	esentative	
		<i>c</i> 1	
for said district, for the State Ele I authorize my name to ap	ection to be held on November 8, 201 opear on the ballot as printed o		
			06108
I authorize my name to ap	33 Gorman Place (Full Residence AddressStreet)	or typed below:	06108 (Zip)
I authorize my name to ap Timothy D. Larson (Print or type name in exactly the form in which you nuthorize it to appear on ballot	33 Gorman Place (Full Residence AddressStreet)	or typed below: East Hartford	
I authorize my name to ap Timothy D. Larson (Print or type name in exactly the form in which you nuthorize it to appear on ballot	33 Gorman Place (Full Residence AddressStreet) eticut, this 23rd day of May, 2016. Signa	or typed below: East Hartford	
I authorize my name to ap Timothy D. Larson (Print or type name in exactly the form in which you nuthorize it to appear on ballot Dated at East Windsor, Connec	33 Gorman Place (Full Residence AddressStreet) cticut, this 23rd day of May, 2016. Signa 5.23.14 OR	East Hartford (Town)	(Zip)

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-388) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.